## **Termination & Re-Placement Report**

Individual's Name:				Contractor Name:			
Individual's Address	S:						
Current Contract:	Street Address  CE;				☐ JOBS;		Zip Code
Milestone/Service:				Vocational	Goal from IPE:		
		Jo	b Term	nination	SE	Weekly Work	Goal:
Employer (Business Individual's Job Title	e:						
Start Date:			Actual hours per week:				
Reason(s) for Term Benefits available: [  Other:	☐ Full/partia	ıl health insuran	nce 🗌	Sick leave	☐ Vacation ☐	Retirement/4	101K
Date Termination Sent to DRS Counselor & TA:							
		·		ent in New J			
Employer (Business							
Employer's Address	Street Address			Citv		State	Zip Code
Employer's Address: Street Address  Employer Contact First, Last Name, Title					Phone Number		
First, Last Name, Title Individual's Job Title:							
Benefits available: [	☐ Full/partia	ıl health insuran	nce 🗌	Sick leave			
	Hours per Week: SE Weekly Work Goal:						
Work Schedule: (U	lse no spaces,	e.g. 8:00a-12:00p	(Shift 1)	1:00p-5:00p (	Shift 2))		
Shift Sunday	Monda	y Tuesday	W	ednesday/	Thursday	Friday	Saturday
2							
Brief Description of	of Joh Dutie	I					
Die Description	7 Job Dulle.	3.					
Client Needs:							
DRS Counselor:				ESS TA:			
EC Name:						Date:	

## **Job Accommodation Form**

Individual's Name:
Employer (Business name):
List all Accommodation(s) and Result(s). Explain whether the Accommodation(s) worked or if changes were required.
The Job Accommodation Network (JAN) provides free, confidential technical assistance about job accommodations. Visit them online at <a href="https://askjan.org/links/about.htm">https://askjan.org/links/about.htm</a> . Or visit the Americans with Disabilities Act website at <a href="https://www.ada.gov/">https://www.ada.gov/</a> for further guidance.
Accommodation 1 / Implementation Results:
Accommodation 2 / Implementation Results:
Accommodation 3 / Implementation Results:
Accommodation 4 / Implementation Results:
EC Name: Date:
LO Namo Date

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